

Abstracts

This section of the JOURNAL is published in collaboration with OPTHALMIC LITERATURE, published by the British Medical Association. The abstracts are divided into the following sections:

*Syphilis (Clinical, Therapy, Serology, Biological False Positive Phenomenon, Pathology, Experimental).
Gonorrhoea.
Nongonococcal Urethritis and Allied Conditions.*

*Reiter's Disease and Allied Conditions.
Antibiotics and Chemotherapy.
Public Health and Social Aspects.
Miscellaneous.*

After each subsection of abstracts follows a list of articles that have been noted but not abstracted.

Syphilis (Clinical)

Nephropathy of Secondary Syphilis. A Clinical and Pathological Spectrum

BHORADE, M. S., CARAG, H. B., LEE, H. J., POTTER, E. V., and DUNES, G. (1971) *J. Amer. med. Ass.*, **216**, 1159 8 figs, 33 refs

The authors report the cases of two patients admitted to Cook County Hospital, Chicago, who were suffering from secondary syphilis complicated by nephropathy.

The first was a 22-yr-old negress suffering from florid secondary syphilis and nephrosis; the results of serological tests for syphilis were strongly positive. She had heavy proteinuria (10 g./day), but this subsided within a week of the start of her treatment with procaine penicillin. Percutaneous renal biopsy was performed. Light microscopy showed a slight increase in glomerular cells. Electron microscopy showed moderate segmental thickening of the basement membrane, and many of the foot processes were fused. Electron dense material was seen on the epithelial surface of the basement membrane. Immunofluorescent microscopy showed discrete deposits scattered throughout the glomeruli that stained with fluorescein-labelled anti-human globulin (IgG, IgM, and IgA) serum and with anti-IgG serum. These deposits were either within the basement membrane or on its surface. Anti- β_1 C-globulin serum revealed deposits similar to those shown by anti-

IgG serum. The diagnosis in this case was acute syphilitic nephrosis.

The second patient was a 15-yr-old negress. She was suffering from haematuria and from secondary syphilis with dark-field-positive condylomata on the vulva. There was pitting oedema of the feet and lower legs. The urine contained many red blood corpuscles and much protein. Serological tests for syphilis gave strongly positive results. When treatment was started with procaine penicillin the oedema cleared rapidly and the patient lost 5.4 kg. during 10 days. Light microscopy of a renal biopsy specimen showed generalized diffuse involvement of glomeruli; the tufts were enlarged, with an increase in cellularity, chiefly due to proliferation of endothelial cells. Epithelial cells were prominent and one glomerulus had an epithelial crescent. Scattered foci of oedema and fibrosis were present in the interstitial tissue. Electron microscopy showed swollen endothelial cells, and leucocytes, chiefly eosinophils, were scattered throughout the glomerular tufts. The basement membranes of the capillaries within the glomerular tufts had some areas of focal thickening. The foot processes of many epithelial cells were fused. A large hump-like structure was seen on the epithelial side of the basement membrane. Visceral epithelial cells were swollen. These appearances were indistinguishable from those of poststreptococcal glomerulonephritis, but β -haemolytic streptococci were not grown in cultures

from the throat, and serial antistreptococcal antibody titres and β_1 C-globulin and total haemolytic complement levels in the serum were normal and did not change significantly. There was no history of exposure to drugs. This patient was considered to have the haemorrhagic nephritis of secondary syphilis.

The clinical features of renal involvement by syphilis are reviewed, as are the results of renal biopsy. It seems that syphilitic nephropathy resembles other conditions which may have a similar pathogenesis. All are characterized by the deposition of immune complexes along the glomerular basement membrane. In mild cases, with minimal changes shown on light microscopy, the clinical manifestations would be those of a transient nephrotic syndrome. In severe cases there would be diffuse cellular proliferation and the clinical picture of acute glomerulonephritis.

Eric Dunlop

Some Clinical Features of the Course of Syphilis in Recent Years

ABDULLAEV, A. KH. (1972) *Vestn. Derm. Vener.*, **46**, no. 2, p. 58

Tertiary Syphilis DEGOS and BERNADON, M. (1971) *Bull. Soc. franç. Derm. Syph.*, **78**, 287

Skull Lacunae in Secondary Syphilis CABANEL, G., PHÉLIP, X., and GINTZ, B. (1971) *Presse méd.*, **79**, 1755

Syphilis (Therapy)

Congenital Syphilitic

Labyrinthitis KERR, A. G., SMYTH, G. D. L., and LINDAU, H. D. (1970) *Arch. Otolaryng.*, **91**, 474 14 refs

The finding by other workers of spirochaetes resembling *Treponema pallidum* in the aqueous humour suggested the possibility that these organisms may be present in inner ear fluids in patients with deafness due to congenital syphilis. Ampicillin had also been shown to reach the aqueous more readily than penicillin. Assay of the concentration of ampicillin in perilymph was carried out by the authors in both cats and humans and found to be present at levels about that required for immobilization of *T. pallidum*.

Six patients with deafness due to congenital syphilis were treated at the Royal Victoria Hospital and the City Hospital, Belfast. Initially ampicillin alone was given orally in the high dosage of 6 g. daily for 4 weeks, but two patients had concurrent prednisone for 20 days (30 mg. daily for 10 days reducing to nil over the next 10 days).

Two patients had no useful hearing at the start of treatment; this suggested very severe and irreversible cochlear damage and no improvement was obtained. A third patient with fluctuating hearing but good pure tone threshold and speech discrimination continued to suffer fluctuation of his hearing. The remaining three patients, however, showed improvement in speech discrimination in spite of little change in pure tone hearing. Two of these had ampicillin alone initially and both showed a response but this was maintained in only one; his hearing improved again after combined ampicillin and prednisone. The third patient who improved was given ampicillin and prednisone.

P. Rodin

Tertiary Syphilis treated with

Ceporex DUPERRAT, B., PUISSANT, A., CHÉRIF-CHEIKH, J.-L., and GODEAU, M.-J. (1971) *Bull. Soc. franç. Derm. Syph.*, **78**, 292

Old Syphilitic Gumma.

Therapeutic Superiority of

Quinby over Penicillin FAYOLLE,

J., KRESSMANN, J., LU, H. T., and GIRARD, M. (1971) *Bull. Soc. franç. Derm. Syph.*, **78**, 302

Immediate Results of Treatment with Penicillin and Cobalt Drugs of Patients with Infectious Forms of Syphilis

VASILIEV, T. V., and ODINOKOV, N. V. (1972) *Vestn. Derm. Vener.*, **44**, no. 1, p. 62

Dynamics of Subsidence of Antibodies in Early Symptomatic Syphilis treated with Penicillin

KIERŚNICKA-ITMAN, I., et al. (1971) *Przegl. dermat.*, **58**, 699

Hemiplegia following the First Injection of Penicillin in a Patient with Secondary Relapsing Syphilis

[in Polish] CIECERSKI, L., and KOSTRZEWA, J. (1970) *Pol. Tyg. lek.*, **25**, 145

Syphilis (Serology)

FTA-ABS and VDRL Slide Test Reactivity in a Population of Nuns

GOLDMAN, J. N., and LANTZ, M. A. (1971) *J. Amer. med. Ass.*, **217**, 53

Sera from 250 nuns from two orders were tested by the FTA-ABS and VDRL tests. TPI and Hinton tests were performed on any reactive sera and tests were repeated on a second specimen; these patients were examined clinically for evidence of acquired or congenital syphilis and a complete ophthalmological examination was carried out. FTA-5 tests were also performed on a proportion of the sera. All the volunteers for the study fulfilled the criteria of not having had sexual contact or acquired or congenital syphilis.

No sera were reactive in the VDRL test but three gave reactive FTA-ABS tests. Hinton tests were negative on these and the TPI test was negative on two and weakly reactive on one. Serological tests for rheumatoid arthritis and lupus erythematosus were negative on sera from these three patients, none of whom showed any clinical evidence of syphilis. One, whose TPI test was negative, had active pulmonary tuberculosis, a history of recurrent uveitis, and progressive hearing loss. Five sera gave borderline FTA-ABS results, but only one persisted on repeated testing. The mother of this patient had a history of

six miscarriages, but her VDRL and FTA-ABS tests were negative. All the sera which gave borderline FTA-ABS results were positive in the FTA-5 test, as were 28 per cent. of 177 sera which gave negative results in the FTA-ABS test.

These results confirm the high specificity of the FTA-ABS test; they support the view that diagnostic significance should not be attached to borderline results. A. E. Wilkinson

Tests for Syphilis in Children for Adoption

BAMFORD, F. N., and OLLER, L. Z. (1971) *Community Med.*, **126**, 128

At present there is a statutory requirement for a serological test for syphilis on children before adoption. The decline in congenital syphilis has led some to question the continued need for this. The authors have reviewed their experience at St. Luke's Hospital, Bradford, where the V.D. Clinic serves a population of about 500,000.

In 1931-40, 186 cases of congenital syphilis were seen; 84 of these patients were under 15 years of age and 22 under 1 year. In 1941-55 the corresponding figures were 267, 64, and 23, and in 1956-70 these had dropped to 42, 4, and 0. In the last period, thirty of the 42 patients seen were free from symptoms, most being detected by routine tests performed during pregnancy or as blood donors. Twelve patients had symptoms due to their congenital infection, mainly ocular in nature.

Because the chance of a child born in the United Kingdom having congenital syphilis is now so small, the authors feel that testing the child's blood could well be discontinued and that the tests could be limited to the biological mother. Should the incidence of early syphilis rise in the future, however, the position would have to be reviewed.

A. E. Wilkinson

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Neonatal Congenital Syphilis.

Diagnosis by the Anti-IgM

Treponemal Fluorescence Test

KIPNIS, J., CAMARGO, M. E., NETTO, C. F., FERREIRA, A. W., and GUARNIERI, D. B. (1971) *Rev. Inst. Med. trop. São Paulo*, **13**, 179

Sera from twenty babies, aged from 13 to 121 days, with clinical, serological, and radiological evidence of congenital syphilis, were examined. VDRL, WR and FTA-ABS tests were performed; in the last, antihuman globulin conjugates specific for IgG and IgM were used.

All the sera gave positive results in the VDRL, WR, and FTA-ABS test with anti-IgG conjugate. Specific anti-treponemal IgM antibody was detected by the FTA-ABS test in twelve sera, four gave a doubtful result, and four were negative according to the tabulated results [these differ from the figures in the text]. A second specimen of serum from five of the babies was examined shortly after treatment. The FTA-ABS test with IgG conjugate remained positive in all, but the test for IgM antibody had reverted to negative in three and to doubtful in one, and one serum, negative on the first test, gave a doubtful result.

Demonstration of specific IgM anti-treponemal antibody is thought to be a reliable means of distinguishing active infection from the passive transfer of maternal antibody across the placenta. Possible explanations of the negative results with this test in the face of other evidence of active infection are discussed.

A. E. Wilkinson

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Evaluation of the Cerebrospinal Fluid FTA-ABS Test in Latent and Tertiary Treated Syphilis

MAHONEY, J. D. H., HARRIS, J. R. W., MCCANN, J. S., KENNEDY, J., and DOUGAN, H. J. (1972) *Acta dermat. venerol. (Stockh.)*, **52**, 71

Twenty-seven patients with treated latent or late syphilis were investigated at the Royal Victoria Hospital, Belfast. All had positive FTA-ABS tests on their sera; this test was also positive on the CSF of fifteen patients, all with clinical signs of neurosyphilis; these were also found in five of the 12 patients with negative FTA-ABS tests. The CSF WR and Lange curve were negative on all 27 specimens. Four patients had CSF with a cell count > five per cu. mm.; the FTA-ABS test was positive on only one of these. Two of the three patients with negative FTA-ABS tests had cell

counts of only six and eight per cu. mm. and showed no evidence of neurosyphilis clinically, although this was present in the third patient who had a grossly abnormal cell count (230 per cu. mm.) but a protein level within normal limits. Six patients had raised CSF protein levels (58 to 84 mg. per cent.); the CSF FTA-ABS test was positive in four, all with clinical signs of neurosyphilis which were also found in one of the two patients on whom the test was negative.

The authors conclude that the FTA-ABS test on CSF was sensitive enough to indicate neurological involvement in 75 per cent. of their patients with clinical evidence of the disease and that it gave no false positive results.

[No details are given of the type of neurosyphilis these patients had, nor of the time since treatment.]

A. E. Wilkinson

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Automated Reagin Test (ART) for Syphilis in a Public Health Laboratory

WEST, B. S., BRINKMAN, C. D., and HIBBARD, E. W. (1971) *Health Lab. Sci.*, **8**, 220

The performance of the ART and the VDRL slide test was compared at the Connecticut State Department of Health Laboratories. 2,000 specimens of routine sera were examined and 500 sera referred for testing, usually because the VDRL test had given reactive or questionable results elsewhere. FTA-ABS tests were performed on all sera found reactive in either test.

There was 99.1 per cent. agreement between the two tests on the 2,000 routine sera but only 85.2 per cent. on the referred sera. FTA-ABS tests were done on 501 sera and 346 (69.1 per cent.) were found reactive. The ART was reactive on 355 sera, 308 of which were confirmed by reactive FTA-ABS tests. The VDRL test was positive on 415 sera, on 319 of which the FTA-ABS test was also found reactive. Although the VDRL was a little more sensitive than the ART in terms of the positive results confirmed by the FTA-ABS test, it gave considerably more results which were judged to be non-specific because they were not confirmed by the latter test.

300 specimens were examined quantitatively by the two tests. The

titres agreed in one-third and were within one doubling dilution in two-thirds. The ART titres tended to be higher than those of the VDRL.

The cost per test is estimated as \$0.167 for the ART and \$0.106 for the VDRL. The authors consider the ART to be a satisfactory screening test for syphilis when it is carefully performed.

A. E. Wilkinson

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On the Sensitivity of the *Treponema pallidum* Immobilization Test

SAZONOVA, L. V., and SYCH, L. I. (1972) *Vestn. Derm. Vener.*, **44**, no. 1, p. 55

Immunoelectrophoretic Studies of Immunoglobulins in Early Acquired Syphilis

GIBOWSKI, M., et al. (1971) *Przegl. dermat.*, **58**, 709

Syphilis (Experimental)

Venerally Transmitted Infection with Endemic Syphilis in Rabbits in the Laboratory (Contamination directe et vénérienne de la syphilis endémique entre lapins en laboratoire) MALGRAS, J., BASSET, A., MALEVILLE, J., BERGOEND, H., and ERMOLIEFF, S. (1971) *C.R. Soc. Biol.*, **165**, 1165

A strain of treponemes causing endemic nonvenereal syphilis in Senegal was used for this work. It was maintained by passage through rabbits and produced lesions when applied to the scarified skin. In the experiment described, a female rabbit was infected by pricking the vulva with a hypodermic needle containing a suspension of about 20 treponemes per microscopic field. 8 days later the vulva was reddened, slightly oedematous, and moist and, 27 days after inoculation a hard reddened mass was present and large numbers of treponemes were seen in exudate obtained by scarifying this lesion. The Kolmer WR was positive but the TPI was negative. Later, the lesion ulcerated and the TPI test became positive.

On the 30th day after inoculation a male rabbit was put into the cage with the female for 12 hours. After 20 days its penis became inflamed and an indurated chancre 2 mm. in diameter developed by the 30th day. Treponemes were found in large numbers in

this lesion. The TPI test gave a doubtful result 45 days after contact.

A. E. Wilkinson

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Gonorrhoea

Gonococcal Sepsis (Gonokokken Sepsis) STILLE, W. (1971)

Hautarzt, **11**, 501 4 figs, 13 refs
Two cases are reported. The first patient had confirmed meningococcal sepsis without meningitis but with marked skin lesions; 3 months later he complained of dysuria and developed a bullous haemorrhagic rash with fever. Gonococci were isolated from the urethra, prostatic secretions, and skin lesions. Treatment with 20 mega units penicillin daily for 2 weeks was successful. The second patient had dysuria and vaginitis and developed a pustular skin lesion, heachaches, and rigor. There was evidence of salpingitis. Gonococci were isolated from the cervix and the patient recovered completely after a course of large doses of penicillin. G. W. Csonka

Accidental Gonococcal Infection of the Eyes in Children DOYLE, J. O. (1972) *Brit. med. J.*, **1**, 88

Two children, a girl aged 3 and a boy aged 2, suffering from gonococcal conjunctivitis, were seen in a clinic in Birkenhead. Both parents had the infection and it was thought that the children's eyes were infected by one or other parent from towels during routine washing and bathing. With the present high incidence of gonorrhoea it is likely that further cases of accidental infection of the eyes will occur in children. P. Rodin

Nonvenereal Transmission of Gonococcal Infections to Children SHORE, W. B., and

WINKELSTEIN, J. A. (1971) *J. Pediat.*, **79**, 661

The incidence of gonorrhoea among adults in southwestern Alaska is high, 2,182 per 100,000. This report from the Alaska Native Hospital, Bethel, describes gonococcal infections seen in fourteen children between 1 and 12 years of age during a period of a year. Six were boys, three of whom had gonococcal conjunctivitis and three

urethritis, two with balanitis. The eight girls all had vaginitis and one also had conjunctivitis. The diagnosis of gonorrhoea was confirmed by culture, Gram-negative diplococci having been seen in smears of exudate from eleven out of thirteen patients.

In three of the girls, aged between 2 and 5 years, there was a history of rape. In seven cases infection was thought to be due to indirect contact; these children slept with parents who had gonorrhoea or who had had recent infections. The mode of infection of the remaining children was not determined. The importance of indirect contact with infected adults in the transmission of gonorrhoea to children in communities living in poor environmental conditions is stressed.

A. E. Wilkinson

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Disseminated Gonococcal Infection HOLMES, K. K., COUNTS, G. W., and BEATY, H. N. (1971) *Ann. intern. Med.*, **74**, 979 2 figs, 141 refs

[From the Departments of Medicine, University of Washington Hospital, U.S. Public Health Service Hospital, the Harborview Medical Center, and the Veterans Administration Hospital, Seattle, Wash.]

The recent marked increase in incidence of gonorrhoea prompted this analysis of the systemic manifestations of gonococcal infection. Of 42 patients with disseminated infection, 79 per cent. were women. Most had asymptomatic anogenital infections, and dissemination arose during pregnancy or menstruation in 71 per cent. Arthritis occurred in 38 patients, in whom a characteristic clinical picture was seen. An initial 'bacteraemic stage', with polyarthralgias, skin lesions, and positive blood cultures, was followed by a 'septic joint stage', with positive synovial fluid cultures or joint destruction. Blood cultures were positive in nine of thirteen patients seen within 2 days of the onset of symptoms, and cell-wall-deficient gonococci were isolated from a 'sterile' septic joint. These findings discount any role of cross-reactive antigens and antibodies in the pathogenesis of 'sterile' gonococcal arthritis. Liver function abnormalities were detected in fourteen patients, and myocarditis or pericarditis occurred in

ten. Meningitis occurred in two patients. Endocarditis led to death in one patient and to valve replacement in another. Authors' summary

Studies on *Gonococcus* Infection.

I. Pili and Zones of Adhesion: Their Relation to Gonococcal Growth Patterns SWANSON, J.,

KRAUS, S. J., and GOTSCHLICH, E. C. (1971) *J. exp. Med.*, **134**, 886

Thin sections of colonies of gonococci of the various Kellogg colony types and of organisms from fluid cultures showed that organisms of colony Types 1, 2, and 3 had zones of focal adhesion of the outer membranes of the cell walls. Such foci were uncommon in Type 4 colonies and their presence correlated with the degree of clumping of the organisms in fluid cultures; this was moderate with cells from Type 1 and 3 colonies, marked with Type 2, and absent in Type 4. In unselected strains containing a mixture of colony types, the growth pattern was unpredictable.

Negative staining with uranyl acetate and phosphotungstate showed that organisms from Type 1 and 2 colonies were pilated but not Types 3 and 4. The pili varied widely in number, being usually 0.5 to 2 μ long and 80 to 85 Å in diameter. Aggregations of pili lying parallel to each other were often seen; these might become detached from the gonococcal cells. The absence of pili from cells of the avirulent Type 3 and 4 colonies suggests a possible connection of pili with virulence of the organism; mechanisms by which they might operate are discussed.

A. E. Wilkinson

[Reprinted from *Abstracts on Hygiene* by permission of the Editor.]

An Automated Complement-Fixation Procedure for Detecting Antibody to *N. gonorrhoeae*

PEACOCK, W. L. (1971) *HMSHA Hlth Rep.*, **86**, 706 2 figs, 16 refs

Complement-fixation technique was used to determine and compare the reactivity of two gonococcal antigens in the sera of men and women with gonorrhoea and in women with negative cultures for the gonococcus and a group of celibate members of a religious order. The laboratory branch CFT method was used, and the anti-

gens were the gonococcal protoplasm antigen as described by Martin and others (*J. Bact.*, 1969, **97**, 1009) and the Wellcome gonococcal antigen. The test was facilitated by the use of the Autotiter instrument which automatically made the serial dilutions and also added the reagents. At 1:2 serum dilution the gonococcal protoplasm antigen reacted with 80 per cent. of sera from infected women and 50 per cent. from infected men; 4 per cent. of specimens from presumably non-infected persons were positive. With Wellcome reagent the corresponding figures were 72, 45, and 10 per cent. These results suggest that the gonococcal fixation test is more useful than generally believed and is particularly valuable in women. Specificity can be raised by increasing the titre but this sharply reduces sensitivity. It is concluded that the gonococcal complement-fixation test, especially when automated, merits further development in the diagnosis of gonorrhoea.

G. W. Csonka

Gonorrhoea or Nonspecific Infection—Differentiation by Direct Immunofluorescent Staining

(Gonorrhoe oder unspezifische Infektion—Differenzierung durch direkte Immunofluoreszenz) SCHMID, E. E., SONNABEND, W., JUNG, M., and KRECH, U. (1971) *Schweiz. med. Wschr.*, **101**, 1717

Primary Gonorrhoeal Abscess of the Skin of the Penis

RUSZCZAK, W., et al. (1971) *Przegl. dermatol.*, **58**, 627

Gonococcal Arthritis

SKAVAL, K. O., and KOGSTAD, O. (1972) *T. norske Laegeforen.*, **4**, 234 [English Summary on p. 270]

Oletetrine in the Treatment of Gonorrhoeal-Trichomonad and Trichomonad Urethritis

ZELIKOV, A. KH. (1972) *Vestn. Derm. Vener.*, **46**, no. 2, p. 81

Treatment of Gonorrhoea

GUNDERSEN, T. (1972) *T. norske Laegeforen.*, **4**, 231 [English Summary on p. 270]

Results of Treatment of Gonorrhoea with Penicillin in the Light of Clinical Observations

and Laboratory Examinations BOWSZYC, J., et al. (1971) *Przegl. dermatol.*, **58**, 715

Investigations of Blood Penicillin Levels in Patients with Gonorrhoea treated according to Various Schemes of Treatment BOWSZYC, J., et al. (1971) *Przegl. dermatol.*, **58**, 595

Sensitivity of Gonococci to Penicillin in Contacts suffering from Gonorrhoea CHASTIKOVA, A. V., KISLOVA, T. A., and STAROSTINA, Z. D. (1972) *Antibiotiki*, **17**, 88

Comparative Evaluation of Sensitivity of Gonococci to Oleandomycin, Tetracycline, and Combinations Thereof in Experiments in vitro GULITSKAYA, N. I. (1972) *Vestn. Derm. Vener.*, **46**, No. 2, p. 66

Nongonococcal urethritis and allied conditions

Nitrimidazine compared with Metronidazole in the Treatment of Vaginal Trichomoniasis

EVANS, B. A., and CATTERALL, R. D. (1971) *Brit. med. J.*, **4**, 146 13 refs Nitrimidazine (Naxogin) was compared with metronidazole in a double-blind trial at the Middlesex Hospital, London. Nitrimidazine was given in the manufacturer's recommended dosage of 250 mg. twice daily for 6 days and metronidazole in the standard dosage of 200 mg. three times daily for 7 days.

Of 57 women given nitrimidazine who attended for one or more follow-up smears and cultures in Feinberg-Whittington medium, 39 (68 per cent.) were considered cured. Nine were still infected at the first post-treatment examination and nine at the second. In the group given metronidazole 57 patients attended for follow-up and 51 (89 per cent.) were assessed as cured. One patient still had trichomonads at the first examination and five at the second.

One patient in each group complained of anorexia and nausea, but there were no other adverse effects. White cell counts were unaffected by either drug.

In the recommended dosage nitri-

midazine was inferior to metronidazole but sufficiently effective to be useful in cases of intolerance to metronidazole.

P. Rodin

Comparison of Tinidazol with Metronidazole in Trichomoniasis (Therapie der Trichomonade Infektion mit Tinidazol im Vergleich zu Metronidazol) GYÖRIK, W., and WENNER, R. (1971) *Schweiz. Rundschau*, **60**, 1612

Tinidazol (Fasigyn) was given in two dosage schemes of either 150 mg. twice daily for 7 days or 150 mg. three times a day for 5 days to 124 patients with trichomoniasis and the results were compared with metronidazole (Flagyl) given to 40 patients either alone (250 mg. three times a day for 7 days) or together with a vaginal pessary of metronidazole given for 10 days. The failure rate of tinidazol ranged from nil to 6.7 per cent. according to dosage and of metronidazole from 3.3 per cent. when used for 10 days in combination with the pessary to 22.2 per cent. when given alone. It is concluded that tinidazol has the advantage over metronidazole of being effective in lower dosage given over a shorter period of time and without the need of pessaries and is therefore equally useful in the treatment of men and women.

G. W. Csonka

Sequelae of Neonatal Inclusion Conjunctivitis and Associated Disease in Parents

MORDHORST, C. H., and DAWSON, C. (1971) *Amer. J. Ophthalm.*, **71**, 861 24 refs

The authors report the results of long-term follow-up of sixteen babies originally treated for ophthalmia neonatorum due to TRIC agent. The average age of the children at the time of review was 4½ years. Trachoma-like corneal pannus was found affecting the superior limbus in seven, and focal vascularization of the cornea in two more. One child had broad scarring of the lower conjunctival fornix. Such changes were not found if topical tetracycline had been administered before the 13th day of life. One of the children was still harbouring TRIC agent in the conjunctiva as demonstrated by immunofluorescent staining. The authors comment that pelvic inflammatory disease had occurred in

four out of twelve mothers and Reiter's disease in two of the fathers.

[This paper adds to the evidence that babies suffering from ophthalmia neonatorum due to TRIC agent, and their parents who are suffering from genital infection by that agent, require careful management and follow-up.]

Eric Dunlop

Leptothrix in Vaginal Smears. A Study of 132 Cases (Il *Leptotrix* nello striscio vaginale. Una indagine su 132 casi) GRISMONDI, G. L., and MEDURI, B. (1970) *Minerva ginec.*, **22**, 820

Smears from the cervix and posterior fornix of 13,195 patients were stained by Papanicolaou's method. These patients included:

- (a) 9,725 women aged between 17 and 43 years;
- (b) 701 who were pregnant;
- (c) 2,769 at or beyond the menopause, aged between 35 and 83 years.

Leptothrix, which appeared as thin unbranched filaments, greyish-black or greyish-blue in colour, was seen in smears from 132 patients (1 per cent.). The incidence in the three groups was: (a) 0.89 per cent., (b) 3.13 per cent., and (c) 0.83 per cent. In 48 patients it was associated with *Trichomonas vaginalis* and in ten with *Candida*, and in 74 was seen alone. In this last group, twelve patients had no clinical or cytological evidence of cervicitis, in ten the signs were minimal, and in 52 the patients had leucorrhoea and pruritis. These last smears showed inflammatory changes, usually not very marked but with some correlation with the numbers of *Leptothrix* present. No *Leptothrix* were seen in vaginal smears from 93 children between 4 and 11 years of age.

A. E. Wilkinson

Treatment of Chronic Mucocutaneous Candidiasis of Children (Candida Granuloma) with Clotrimazole MEINHOF, W., and GÜNTHER, D. (1972) *Arch. Derm. Forsch.*, **242**, 293

Antibodies against Bedsonia Agents in Sera collected from Apparently Healthy Individuals at Orissa (India) NANDA, B. K., and TRIPATHY, A. M. (1971) *J. Indian med. Ass.*, **57**, 331

On the Problem of the Complex Treatment of Chronic Non-specific and Postgonorrhoeal Prostatitis

TIKTINSKY, O. L., and NOVIKOV, I. F. (1972) *Vestn. Derm. Vener.*, **44**, no. 1, p. 69

Reiter's disease and allied conditions

Spinal Bony Bridging and Spondylitis in Reiter's Disease

CLIFF, J. M. (1971) *Ann. rheum. Dis.*, **30**, 171 11 figs, 41 refs

The author, from the Royal Naval Hospital, Plymouth, describes the cases of three men with longstanding Reiter's disease who developed electrocardiographic conduction defects (complete heart block, prolonged P-R interval, left bundle-branch block) and aortic incompetence. *Post mortem* findings in one case showed a dilated aortic valve with thickening of the valve cusps. In the aortic valve ring there was dense connective tissue with collagen replacement of the muscle and many inflammatory foci consisting of lymphocytes with occasional plasma cells, monocytes, and neutrophils; in some areas the distribution of these cells was perivascular.

In all three cases there was an unusual lateral bony bridging between the vertebral bodies which had a predilection for the dorsal spine and dorsolumbar junction and tended to spare both the lumbar spine and the anterior spinal ligament. The sacroiliac joints were normal in one case.

P. Rodin

Antibiotics and chemotherapy

Investigations of Penicillin Allergy in Men with Mycosis

PROCHACKI, H., et al. (1971) *Przegl. dermat.*, **58**, 723

Public health and social aspects

Venereal Diseases in the Rhône in 1970 THIERS, H., KADI, M., and RACOUCHOT, J. (1971) *Bull. Soc. franç. Derm. Syph.*, **78**, 307

Miscellaneous

Temperature Marker Test for the Differentiation of Strains of Herpesvirus hominis [In English] LONGSON, M. (1971) *Ann. Inst. Pasteur*, **120**, 699 36 refs

[From the Department of Bacteriology and Virology, Manchester]

When stock suspensions of fresh *Herpesvirus hominis* (HVH) isolates are titrated in parallel at 34.5, 39, and 40°C, certain differences become apparent. Whereas some genital isolates reproduce badly at 39 and 40°C, all the other isolates, whether of genital or nongenital origin, grow well at 39°C but badly at 40°C. Certain laboratory strains of virus reproduce equally well at 39 and 40°C. It is suggested that these findings form the basis for a useful test for the intratypic differentiation of fresh isolates of HVH.

The results of the test correlate well with other criteria of differentiation (serological, social behaviour of infected cells, pock size) and with the site of virus recovery.

Author's summary

Perinatal Risk associated with Maternal Genital Herpes Simplex Virus Infection NAHMIA, A. J., JOSEY, W. E., NAIB, Z. M., FREEMAN, M. G., FERNANDEZ, R. J., and WHEELER, J. H. (1971) *Amer. J. Obstet. Gynec.*, **110**, 825 8 figs, 16 refs

In a series of 283 women with cytologically detected genital herpes during pregnancy or in the immediate postpartum period, there was an increased abortion rate of approximately three times the rate in the general hospital population in the group in which herpes was detected in the first 20 weeks of pregnancy. The prematurity rate in the group in which herpes was detected after 20 weeks was slightly higher than expected. The risk of neonatal herpes in association with maternal infection seen after 32 weeks was 10 per cent. and rose to 40 per cent. when the virus was present at delivery. Four infants delivered by abdominal delivery remained uninfected even though their mothers carried the virus, but the true effectiveness of abdominal delivery remains uncertain. It is suggested that

upon delivery of an infant from a mother known to have genital herpes, the baby should be isolated, and if it is found to be infected the use of antiviral agents such as iododeoxyuridine might be considered. *G. W. Csonka*

Differential Susceptibility to Herpes Simplex Viruses of Hamster Cell Lines established after Exposure to Chemically Inactivated Herpesvirus

DOCHERTY, J. J., O'NEILL, F. J., and RAPP, F. (1971) *J. gen. Virol.*, **13**, 377

Aseptic Meningitis in Association with *Herpes progenitalis*

TERNI, M., CACCIALANZA, P., CASSAI, E., and KIEFF, E. (1971) *New Engl. J. Med.*, **285**, 503 11 refs

Complement-fixation Antibodies to Adenovirus-associated Viruses, Adenoviruses, Cytomegaloviruses, and Herpes Simplex Viruses in Patients with Tumours and in Control Individuals

SPRECHER-GOLDBERGER, S., THIRY, L., LEFÈBVRE, N., DEKEGEL, D., and DE HALLEUX, F.

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Primary Tuberculous Lesion of the Penis (Tuberkulöser Primärkomplex des Penis)

KALKOFF, K. W. (1971) *Hautarzt*, **11**, 495 2 figs, 11 refs

Application of Sombrevine Anaesthesia in Venereological Practice

BABYANTS, R. S., GEGAEV, G. K., SEGAL, A. S., SOSLIN, V. D., and BITSUNOV, N. S. (1972) *Vestn. Derm. Vener.*, **46**, no. 2, p. 71